

DEC 06 2004

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FROM: Charles B. Cappellari
Gen-Probe Incorporated
10210 Genetic Center Drive
San Diego, California 92121
Phone No. (858) 410-8927
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TO: Mail Stop RCE
Examiner: Goldberg, J.
Group 1634
U.S. Patent & Trademark Office
Facsimile No. (703) 872-9306

Number of pages (including this cover page): 33

In re Patent Application of:)	Group Art Unit: 1634
)	
CUNNINGHAM, et al.)	Examiner: Goldberg, J.
)	
Serial No. 09/954,695)	Atty. Docket No. GP116-02.UT
)	
Filed: September 11, 2001)	Confirmation No. 8611
)	
Title: COMPOSITIONS, METHODS AND KITS))	Date: December 6, 2004
FOR DETERMINING THE PRESENCE OF))	
CRYPTOSPORIDIUM ORGANISMS IN A))	
TEST SAMPLE)	

Attached hereto are:

- 1) Transmittal Form (PTO/SB/21), (1 pg.);
- 2) Petition for Extension of Time (PTO/SB/22), in duplicate, (2 pgs.);
- 3) Request for Continued Examination (PTO/SB/30), in duplicate, (2 pgs.);
- 4) Fee Transmittal (PTO/SB/17), in duplicate, (2 pgs.); and
- 4) Reply Under 37 C.F.R. 1.114, (25 pgs.).

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence (and any referred to as attached) is being sent by facsimile to 703-872-9306 on the date indicated below to the Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.

Date: December 6, 2004

By: 

Charles B. Cappellari
Registration No. 40,937
Attorney for Applicants

DEC 06 2004

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

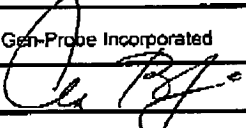
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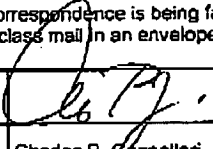
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/954,895	
	Filing Date	September 11, 2001	
	First Named Inventor	Melissa M. Cunningham	
	Art Unit	1634	
	Examiner Name	Goldberg, J.	
Total Number of Pages in This Submission	33	Attorney Docket Number	GP116-02.UT

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile cover sheet (1 pg.) Request for Continued Examination, in duplicate, (2 pgs.)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Gen-Probe Incorporated		
Signature			
Printed name	Charles B. Cappellari		
Date	December 6, 2004	Reg. No.	40,937

CERTIFICATE OF TRANSMISSION/MAILING

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Signature 			
Typed or printed name	Charles B. Cappellari	Date	December 6, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-04)

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**FEE TRANSMITTAL
for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,220.00**Complete if Known**

Application Number	09/954,695
Filing Date	Sept. 11, 2001
First Named Inventor	Melissa M. Cunningham
Examiner Name	Goldberg, J.
Art Unit	1634
Attorney Docket No.	GP116-02.UT

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number 07-0835

Deposit Account Name Gen-Probe Incorporated

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 385	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20** = X =
 Independent Claims -3** = X =
 Multiple Dependent =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 88	2201 44	Independent claims in excess of 3	
1203 300	2203 150	Multiple dependent claim, if not paid	
1204 88	2204 44	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65		Surcharge - late filing fee or oath	
1052 50	2052 25		Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130		Non-English specification	
1812 2,520	1812 2,520		For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*		Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*		Requesting publication of SIR after Examiner action	
1251 110	2251 55		Extension for reply within first month	430.00
1252 430	2252 215		Extension for reply within second month	
1253 980	2253 490		Extension for reply within third month	
1254 1,530	2254 765		Extension for reply within fourth month	
1255 2,080	2255 1,040		Extension for reply within fifth month	
1401 340	2401 170		Notice of Appeal	
1402 340	2402 170		Filing a brief in support of an appeal	
1403 300	2403 150		Request for oral hearing	
1451 1,510	1451 1,510		Petition to institute a public use proceeding	
1452 110	2452 55		Petition to revive - unavoidable	
1453 1,330	2453 665		Petition to revive - unintentional	
1501 1,370	2501 685		Utility issue fee (or reissue)	
1502 480	2502 245		Design issue fee	
1503 660	2503 330		Plant issue fee	
1460 130	1460 130		Petitions to the Commissioner	
1807 50	1807 50		Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180		Submission of Information Disclosure Stmt	
8021 40	8021 40		Recording each patent assignment per property (times number of properties)	
1809 790	2809 395		Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395		For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395		Request for Continued Examination (RCE)	790.00
1802 900	1802 900		Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1220.00**SUBMITTED BY**

Name (Print/Type) Charles B. Caroselli

Registration No. 40,937
(Attorney/Agent)

(Complete if applicable)

Telephone 858-410-8927

Signature

Date Dec. 6, 2004

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The Director is authorized to: (check all that apply)

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1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

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1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**1220.00****SUBMITTED BY**

Name (Print/Type) Charles B. Caporali

Registration No. 40,937
(Attorney/Agent)

(Complete if applicable)

Telephone 858-410-8927

Signature

Date Dec. 6, 2004

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